

# **2004 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L03000034718

**FILED**  
**Oct 05, 2004**  
**Secretary of State**

**Entity Name:** SAGE PREMIUM PROCESSING LLC

**Current Principal Place of Business:**

412 EAST MADISON STREET  
SUITE 900  
TAMPA, FL 33602

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1999  
TAMPA, FL 33601

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

ROSENKRANZ, JACK M  
412 EAST MADISON STREET  
SUITE 900  
TAMPA, FL 33602 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: GILHOOL, KEVIN M  
Address: P.O. BOX 1999  
City-St-Zip: TAMPA, FL 33601

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: ROSENKRANZ, JACK M  
Address: P.O. BOX 1999  
City-St-Zip: TAMPA, FL 33601

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JACK M. ROSENKRANZ

MGRM

10/05/2004

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date